

Laboratory Test: Chlamydia (CT) and Gonorrhea (GC) Nucleic Acid Amplification Testing (NAAT)

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings

The following subjective criteria meet the requirement for a **STD ERRN** to collect vaginal, pharyngeal, rectal, or urine NAAT by standing order. The following subjective criteria meet the requirement for an **RN** to collect urine NAAT (if available) by standing order.

- Urethral or Vaginal discharge
- Dysuria
- Intrameatal itching
- Asymptomatic but report of sexual exposure via oral, vaginal, penile, or anal intercourse
- New or multiple sex partners
- Lack of condom use
- Anonymous sex
- Reports contact to: Chlamydia trachomatis (CT), Gonorrhea (GC), Non-Gonococcal Urethritis (NGU), Pelvic Inflammatory Disease (PID), Mucopurulent Cervicitis (MPC), or Trichomonas vaginalis (TV)

Objective Findings

- A. One of the following criteria must be present before a STD ERRN collects a CT/GC NAAT from a female client and submits the specimen to the North Carolina State Lab of Public Health (NCSLPH) using the DHHS 4011 requisition form:
 1. Volunteer/Medical problem – Any asymptomatic female age 25 years or younger who presents to the STD clinic requesting a STD screening examination, or a high risk female of any age who presents with endocervical or vaginal discharge on examination
 2. High Risk History - multiple partners, new sex partner, commercial sex worker, exchanges sex for drugs or money or engages in sex while under the influence of drugs or alcohol
 3. Sex Partner Referral –a verified contact to a sexual partner with a STI or whose sexual partner is complaining of STI symptoms
 4. High Risk History - any concern for GC treatment failure or reinfection – presence of persistent or new symptom onset. Repeat NAAT should be performed at least two (2) weeks after treatment completion. If treatment failure is suspected, a GC culture should be obtained at the same time as the NAAT for susceptibility testing.
 5. High Risk History – any concern for CT treatment failure or reinfection – presence of persistent or new symptom onset. Repeat testing should be performed at least three (3) weeks after treatment completion.
 6. Pregnancy or suspect pregnancy - Choose the category that best matches the client's sexual risk history. A TOC should be performed on all pregnant women. TOC for GC should be at least two (2) weeks after treatment completion & TOC for CT should be at least three (3) weeks after treatment completion.
 7. Retest – All clients diagnosed with GC or CT should be retested 3 months after treatment is complete given the high rate of reinfection.
- B. Order all other CT/GC NAATs based on the availability of testing through the local health department or reference labs based on local policy. The NCSLPH currently does not support CT/GC NAAT screening for the following:
 1. urine based testing for males or females
 2. pharyngeal testing: However, a Test of Cure (TOC) for GC for pharyngeal infections where alternative treatments were used is recommended 2 weeks after treatment is complete. No need for a TOC for uncomplicated vaginal, urethral or rectal GC infections even if alternative treatment is used.
 3. rectal testing

Plan of Care

Implementation

A registered nurse or STD ERRN employed or contracted by the local health department may order a CT/GC NAAT for any oral, vagina, urethral, urine or rectal specimen collected by the STD ERRN or other medical provider.

Note: Local policy defines laboratory testing availability and test selection. Local health departments should identify in the standing order the specific specimen to be tested, the specific test name and the specific laboratory used for that specimen, and payment source.

Nursing Actions

A. Specimen Collection by STD ERRN:

1. Vaginal swab specimens (clinician-collected) should be collected as follows:
 - a. partially peel open the swab package without touching the soft tip or laying the swab down. Use a new NAAT Vaginal Swab Specimen Kit if the soft tip is touched or if the swab is laid down or dropped
 - b. remove the swab with your gloved hand
 - c. hold the swab, placing your thumb and forefinger in the middle of the swab shaft
 - d. carefully insert the swab into the vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that the swab absorbs moisture (The blind sweep method can be used for both pregnant and non-pregnant clients. When pregnancy has been ruled out the same specimen can be collected during the speculum exam. PREGNANT or potentially pregnant clients are to receive only blind swept specimen collection WITHOUT a speculum)
 - e. withdraw the swab without touching the skin
 - f. while holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Vaginal Swab Specimen Collection Kit
 - g. immediately place the swab into the transport tube so that the tip of the swab is visible below the tube label
 - h. carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft. Do not spill the contents of the tube. If you spill the contents, use a new NAAT Vaginal Swab Specimen Collection Kit
 - i. tightly screw the cap onto the tube

Note: Vaginal specimens are equivalent to endocervical specimen; therefore, endocervical specimens are no longer required or recommended for NAAT testing.

2. Vaginal swab specimens (patient- collected) should be collected as follows:
 - a. partially peel open the swab package. Do not touch the soft tip or lay the swab down. If the soft tip is touched, or if you lay down or drop the swab, use a new NAAT Vaginal Swab Specimen Collection Kit
 - b. hold the swab in your hand, placing your thumb and forefinger in the middle of the swab shaft
 - c. carefully insert the swab into your vagina about two inches inside the opening of the vagina and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that the swab absorbs moisture
 - d. withdraw the swab without touching the skin
 - e. while holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, request a new NAAT Vaginal Swab Specimen Collection Kit
 - f. immediately place the swab into the transport tube so that the tip of the swab is visible below the tube label
 - g. carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft

- h. tightly screw the cap onto the tube. Return the tube as instructed by your doctor, nurse, or care-provider
- i. wash and dry hands before returning specimen to clinician or lab

Note: Patient collected specimens are recommended only for asymptomatic clients with no known risk.

3. Urine specimens should be collected as follows:

- a. the patient should not have urinated for at least 1 hour prior to specimen collection
- b. direct patient to provide first-catch urine (approximately 20 to 30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution
- c. remove the cap and transfer 2 mL of urine into the urine specimen NAAT transport tube, using the disposable pipette provided. The correct volume of urine has been added, when the fluid level is between the black fill lines on the urine specimen NAAT transport tube label
- d. place the cap back on the urine specimen NAAT transport tube tightly

Note: Urine specimens are equivalent to urethral specimens. Urethral specimens are no longer recommended for NAAT testing in males or females.

4. Pharyngeal swab specimens (clinician-collected) should be collected as follows:

- a. partially peel open the swab package. Do not touch the soft tip or lay the swab down. If the soft tip is touched, laid down, or dropped, use a new NAAT Specimen Collection Kit
- b. remove the swab
- c. hold the swab, placing your thumb and forefinger in the middle of the swab shaft
- d. carefully insert the swab into the back of the throat and gently swab for 10 seconds, if the client can tolerate
- e. withdraw the swab without touching the teeth, gums or buccal mucosa
- f. while holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Specimen Collection Kit
- g. immediately place the swab into the transport tube, so that the tip of the swab is visible below the tube label
- h. carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Pharyngeal Swab Specimen Collection Kit
- i. tightly screw the cap onto the tube

Note: Some NAAT brands can give false positive Neisseria results from pharyngeal specimens due to commensal non-gonococcal Neisseria species present in the oropharynx.

5. Rectal swab specimens (clinician-collected) should be collected following the vendor's instructions

B. Interpretation of Lab Findings

1. Positive – C. trachomatis RNA detected and/or N. gonorrhoeae RNA detected
2. Negative - C. trachomatis RNA not detected and N. gonorrhoeae RNA not detected
3. Equivocal – Indeterminate (specimen should be repeated)

Criteria for Notifying the Medical Provider

- acute abdominal tenderness or rebound tenderness on exam
- adnexal tenderness on exam
- cervical motion tenderness on exam

- sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
- scrotal pain or swelling
- oral temperature $\geq 101^{\circ}$ F
- contact the medical director or medical provider, if there is any question or concern about whether to carry out any provision of the standing order.

Follow Up

- empiric treatment for both GC and CT should be given to symptomatic clients who present to the STD clinic for evaluation who lack clinical lab criteria on the day of exam. The STD ERRN should consult a medical provider for individual orders as needed.
- treatment of asymptomatic clients who test positive for GC and/or CT should occur within 14 days of positive lab report
- document all attempts of follow-up for clients who meet case definition in accordance with local policy and state guidelines
- Gonorrhea and Chlamydia are reportable in NC EDSS within 30 days of diagnosis

Approved by: _____ Date approved: _____
 Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
 Director of Nursing/Nursing Supervisor

Effective Date: _____
 Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(a)(e)(f)&(8)(c)